



the premier


Department of  
the Premier  
FREE STATE PROVINCE

## HUMAN RESOURCE CIRCULAR 02/2009

TO ALL HEADS OF PROVINCIAL DEPARTMENTS

### COMPLETION OF NOMINATION OF BENEFICIARY FORM (WP1002) AND PERSONAL PARTICULARS (Z864)

The above-mentioned circular from the Department of the Premier is attached for your information. The content thereof should be brought to the attention of all relevant staff.

  
DEPARTMENT OF THE PREMIER  
1

DATE: 2009/02/13

Human Resource Advice, Co-ordination and Management Directorate

P.O. Box 517, Bloemfotein, 9301

Lebohang Building, Ground Floor, Cnr St Andrews and Markgraaf Streets, Bloemfotein

Tel: (051) 405 4370 Fax: (051) 405 4707

[www.fs.gov.za](http://www.fs.gov.za)



the premier

Department of  
the Premier  
FREE STATE PROVINCE

**TO: ALL OFFICIALS IN PROVINCIAL DEPARTMENTS  
FREE STATE PROVINCE**

**COMPLETION OF NOMINATION OF BENEFICIARY FORM (WP1002)  
AND PERSONAL PARTICULARS (Z864)**

The provincial departments are embarking on raising awareness among officials/employees pertaining to the above.

The non-existence of the mentioned forms in the files of officials/employees may result in pension benefits being paid into their estate instead of to designated family members. The nomination of beneficiary form enables officials/employees to divide their benefits according to a percentage of their choice to their family members.

Where the circumstances of officials/employees have changed, the said forms also need to be completed in ensuring that benefit pay-outs are made to the intended beneficiaries.

Officials/employees are humbly requested to review the said forms every year.

Remember it is in your own best interest and will assist greatly in the speedy pay-out of benefits to the designated beneficiaries.

Mr. A.S Josiah  
Manager: HR Adv, Co-ordination & Management  
Date: 06 March 2009



I hereby give notice of my wish that the gratuity, which may be payable upon my death, be paid to the beneficiaries mentioned below and in the proportion indicated by me.

**A) PARTICULARS OF MEMBER**

1. Pension No.		2. Salary No.	
3. Surname			4. Title
5. First name			
6. Middle names			
7. ID No.		8. Passport No.	
9. Date of birth		10. Pension fund	
11. Employer Name			

**B) BENEFICIARIES**

1. Surname			
First name			
Middle names			
ID No.		Percentage of benefit	
Postal address			
Date of birth		Relationship	
Tel No.		Cell No.	

2. Surname			
First name			
Middle names			
ID No.		Percentage of benefit	
Postal address			
Date of birth		Relationship	
Tel No.		Cell No.	

3. Surname			
First name			
Middle names			
ID No.		Percentage of benefit	
Postal address			
Date of birth		Relationship	
Tel No.		Cell No.	

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND THE WITNESSES MUST INITIAL THIS PAGE

Member initial

Witness1 Initial

Witness2 Initial



# NOMINATION OF BENEFICIARIES

WP1002

4. Surname   
First name   
Middle names   
ID No.  Percentage of benefit ,  %  
Postal address   
  
  
Date of birth       Relationship   
Tel No.       Cell No.

5. Surname   
First name   
Middle names   
ID No.  Percentage of benefit ,  %  
Postal address   
  
  
Date of birth       Relationship   
Tel No.       Cell No.

6. Surname   
First name   
Middle names   
ID No.  Percentage of benefit ,  %  
Postal address   
  
  
Date of birth       Relationship   
Tel No.       Cell No.

7. Surname   
First name   
Middle names   
ID No.  Percentage of benefit ,  %  
Postal address   
  
  
Date of birth       Relationship   
Tel No.       Cell No.

VERY IMPORTANT!!!! INVALID IF TOTAL NOT = 100% **TOTAL** ,  %

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER AND WITNESSES MUST INITIAL THIS PAGE



Member initial

Witness1 Initial

Witness2 Initial

C) ESTATE (If available)

1. Name of executor [Grid]

2. Address of executor [Grid]

3. Tel No. [Grid] 4. Cell No. [Grid]

**SIGNATURES**

Place [Grid]

Signature of Member (In presence of 2 witnesses) [Box]

Date [Grid]

Thumb print only needed for cases where the member cannot read / write [Box]

Thumb print of member [Box]

**WITNESSES (mandatory)**

**Witness 1**

Surname [Grid]

Full names [Grid]

Postal address [Grid]

**Witness 2**

Surname [Grid]

Full names [Grid]

Postal address [Grid]

Witness 1 Signature [Box] Witness 2 Signature [Box]





**A) PERSONAL PARTICULARS OF MEMBER/PENSIONER**

1. Pension No.		2. Title	
3. Surname			
4. First name			
5. Middle names			
6. Maiden name			
7. ID No.		8. Passport No.	
9. Date of birth	C C Y Y M M D D	10. Income tax number	
11. Marital status	Single Married Divorced Widow/er Life Partner	12. Date of marriage	C C Y Y M M D D

**B) PARTICULARS OF SPOUSE(S) / LIFE PARTNER**

1. Surname		Date of birth	C C Y Y M M D D
First name		Date of marriage	C C Y Y M M D D
Middle names			
Maiden Name		Marital type	Religion Customary Union Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	Yes No
Status			

2. Surname		Date of birth	C C Y Y M M D D
First name		Date of marriage	C C Y Y M M D D
Middle names			
Maiden Name		Marital type	Religion Customary Union Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	Yes No
Status			

3. Surname		Date of birth	C C Y Y M M D D
First name		Date of marriage	C C Y Y M M D D
Middle names			
Maiden Name		Marital type	Religion Customary Union Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	Yes No
Status			

4. Surname		Date of birth	C C Y Y M M D D
First name		Date of marriage	C C Y Y M M D D
Middle names			
Maiden Name		Marital type	Religion Customary Union Civil
ID No.		Passport No.	
Relationship		Registered dependant of medical aid scheme	Yes No
Status			

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE

36690

Member/Pensioner Initial

Commissioner of Oaths Initial



**C) PARTICULARS OF OTHER DEPENDANTS**

<b>1. Surname</b>		Date of birth	C	C	Y	Y	M	M	D	D
First name		Other Initials								
Relationship		Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status			<input type="checkbox"/> No							
<b>2. Surname</b>		Date of birth	C	C	Y	Y	M	M	D	D
First name		Other Initials								
Relationship		Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status			<input type="checkbox"/> No							
<b>3. Surname</b>		Date of birth	C	C	Y	Y	M	M	D	D
First name		Other Initials								
Relationship		Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status			<input type="checkbox"/> No							
<b>4. Surname</b>		Date of birth	C	C	Y	Y	M	M	D	D
First name		Other Initials								
Relationship		Registered dependant of medical aid scheme	<input type="checkbox"/> Yes							
Status			<input type="checkbox"/> No							

**D) MEDICAL SCHEME PARTICULARS**

**1. PARTICULARS OF PREVIOUS MEDICAL SCHEME**

1.a) Name of medical scheme

1.b) Scheme membership number

1.c) Scheme/package option name

1.d) Date on which membership was terminated C C Y Y M M D D

**2. PARTICULARS OF NEW MEDICAL SCHEME OR CHANGES TO CURRENT SCHEME**

2.a) Commencement date C C Y Y M M D D

2.b) Name of medical scheme

2.c) Scheme membership number

2.d) Scheme/package option name

2.e) Total number of years in Government Service to be recognised Y Y M M

**E) PERSON'S CONTACT DETAILS (Both postal and residential addresses must be supplied)**

1. Preferred contact  Postal  Fax  Email

2. Postal address

3. Residential address

4. Tel No. C O D E

5. Fax No. C O D E

6. Cell No.

7. Email address

ALL PAGES OF THIS FORM MUST BE COMPLETED IN ORDER FOR THIS FORM TO BE VALID AND THE MEMBER OR PENSIONER AND COMMISSIONER OF OATHS MUST INITIAL THIS PAGE

Member/  
Pensioner

Commissioner of  
Oaths Initial



DECLARATION

I, \_\_\_\_\_, do solemnly declare that the above particulars are entirely correct in every respect and I undertake to advise Pensions Administration of any changes immediately.

Signature of member/ pensioner

Declared and signed before me this  day of

year of

Thumb print only needed for cases where the member or pensioner cannot read / write

Signature of Commissioner of Oaths

Official Stamp of the  
Commissioner of Oaths

Thumb print member/pensioner

Designation

Postal address

C O D E

